RECEIVED CENTRAL FAX CENTER

APR 2 4 2007

FAX TRANSMISSION

DATE:

April 24, 2007

PTO IDENTIFIER:

Application Number 10/510,907-Conf. #7331

Patent Number

inventor:

Thomas Hogberg et al.

MESSAGE TO:

US Patent and Trademark Office

FAX NUMBER:

(571) 273-8300

FROM:

EDWARDS ANGELL PALMER & DODGE LLP

Stephana E. Patton

PHONE:

(617) 439-4444

Attorney Dkt. #;

62276(45579)

PAGES (Including Cover Sheet): 4

CONTENTS: | Certificate of Transmission (1 page)

Response to Restriction Requirement (2 pages) Resquest for One Month Extension of time (1 page)

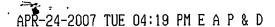
Charge \$120.00 to deposit account 04-1105

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 439-4444 and send the original transmission to us by return mail at the address below,

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874, Boston, Massachusetts 02205

Telephone: (617) 439-4444 Facsimile: (617) 439-4170



RECEIVED CENTRAL FAX CENTER

Approved for use through 07/31/2008, OMB 0551-0031

U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/510,907

Date

Attorney Docket No.: 62276(45579)

Certificate of Transmission under 37 CFR 1.8

	y certify that this corres Patent and Trademark	pondence is being facsimile transmitted to the United Office.
on	April 24, 2007	

Sure	M. Haulo
Sig	nature
Lynne t	M. Hawkes
Typed or printed name of	of person signing Certificate
	(617) 439-4444
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response to Restriction Requirement (2 pages) Resquest for One Month Extension of time (1 page) Charge \$120.00 to deposit account 04-1105